1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): AZ-500 - Arizona Balance of State CoC

CoC Lead Agency Name: Arizona Department of Housing

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1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.
This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Arizona Balance of State CoC

Indicate the frequency of group meetings: annually (every year)

If less than bi-monthly, please explain (limit 500 characters):

Az. Dept of Housing (ADOH) as the lead agency, attends the majority of the local meetings to ensure that communication with each group is consistent and ongoing. Due to the distances involved in traveling for a Balance of State CoC meeting it is difficult and expensive for the representatives to attend as it is at the expense of the agency where the representative works. If there is something that the decision making group has to act on before the next meeting ADOH coordinates a conference call. This strategy is used for the Review Committee when necessary.

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 75%

* Indicate the selection process of group members: (select all that apply)

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Elected:	X
Assigned:	X
Volunteer:	X
Appointed:	X
Other:	

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

The Chairperson of each of the 13 local continuum of care sits on the committee. These members were either elected by a majority of the participating agencies or volunteered to chair their local continuum meeting. Appointed persons by position are the State Homeless Coordinator, Representative from Behavioral Health, Special Needs Housing Administrator of the Department of Housing, and Executive Director of the Arizona Coalition to End Homelessness. Formerly homeless person/s and consumer interests are represented by volunteers or assigned depending on the agency or persons involved.

* Indicate the selection process of group leaders: (select all that apply):

Elected:	X
Assigned:	
Volunteer:	
Appointed:	X
Other:	

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Currently The Arizona Department of Housing (ADOH) is the applicant and grantee for all but one of the projects. With the Balance of State Continuum process ADOH uses other funding to financially support the majority of the Continuum coordination. ADOH currently provides all project oversight including T/A, monitoring, processing of payments, desk review, and all functions necessary as grantee. ADOH monitors the performance of each project to assure adherence to performance goals, time schedules and other requirements as appropriate to the project and the terms of the grant. Administrative funds would be of great assistance to help spread the cost burden currently being absorbed by the State.

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1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Apache, Mohave, Navajo, Santa Cruz, Yavapai-Cottonwood, Yuma CoC Committees	These 6 county based committees coordinate, plan, and network for a continuum of services to address homelessness. HUD projects provide reports and status of projects at meetings.	quarterly (once each quarter)
Coconino, Cochise, Gila-Payson, Greenlee,Yavapai-Prescott CofC Committees	These 5 county based committees coordinate, plan, and network for a continuum of services to address homelessness. HUD projects provide reports and status of projects at meetings.	Bi-monthly
Gila-Globe, Pinal, Graham CofC Committees	These 3 county based committees coordinate, plan, and network for a continuum of services to address homelessness. HUD projects provide reports and status of projects at meetings.	Monthly or more
Arizona Commission on Housing and Homelessness	The ACHH guides the development and implementation of a state plan to end homelessness for Arizonans with a focus on families. It provides a forum for coordination among multiple state agencies, advocates and not for profit agencies.	Bi-monthly
CofC Statewide Coordinators	This Committee is composed of all the coordinators of the local CofC. The purpose is to provide overall coordination to CofC activities.	annually (every year)

If any group meets less than quarterly, please explain (limit 750 characters):

Due to major staff turnover within the lead agency (ADOH) Statewide Coordinators met but once. Quarterly teleconferences are now scheduled for the course of the current year.

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1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organiza tion Type	Organization Role	Subpop ulations
Arizona Department of Housing	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Arizona Department of Economic Security	Public Sector	State g...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
CPSA	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
Department of Economic Security-Adult Protectiv...	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Apache County Attorney's Office	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Apache County Health Department	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Apache County Sheriff's Office	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Department of Economic Security-Child Protectiv...	Public Sector	State g...	Committee/Sub-committee/Work Group	Youth
Concho Can	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
City of St Johns Arizona	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Eagar Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
First Baptist Church of St. Johns	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
St. Johns Stake-LDS	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Little Colorado Behavioral Health Center	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
New Hope Ranch	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domesti c Vio...
St. John's Unified School District	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth

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White Mountain Catholic Charities	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Bisbee Coalition for the Homeless	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Corky's Hamburger and Ice Cream	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
City of St. Johns	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Apache County	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
LDS St. John's Stake	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Little Colorado Behavioral Health Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Town of Springerville	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
NACOG HeadStart	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
New Life Preganancy Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Northland Pioneer College	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Old Concho Community Assistance Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Round Valley Senior Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
St. John's Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Cenpatico	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Project PPEP	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Catholic Community Services--Cochise County	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Good Neighbor Alliance	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Housing Authority of Cochise County	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Southeastern AZ Behavioral Health Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...

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Sierra Vista Public Schools	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Women's Transition Project	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Bothands	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Catholic Charities-Coconino County	Private Sector	Faith -b...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Flagstaff	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Coconino County	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Exodus Treatment Program	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Flagstaff Family Food Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Flagstaff Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Flagstaff Shelter Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Forsfull Communications	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Goodwill Industries-Coconino	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
The Guidance Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...
Flagstaff Unified School District	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Hope Cottage	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Northern Arizona Council of Governments	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Anonymous Female	Individual	Hom eles s	Committee/Sub-committee/Work Group	NONE
Cindy	Individual	Hom eles s	Committee/Sub-committee/Work Group	NONE
Northern Arizona Behavioral Health Authority	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriousl y Me...

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Northland Family Help Center	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domestic Vio...
Royal Inn	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
The Salvation Army	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	Domestic Vio...
Williams Unified School District	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Central Arizona Association of Governments	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Gila County Community Action Program	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Safe Home	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domestic Vio...
Casa Grande Elementary School District	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	Youth
Community Bridges,Inc.	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Substan ce Abuse
Community Presbyterian Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Gila Community College	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	NONE
Mogollon Health Alliance	Private Sector	Hos pita.. .	Committee/Sub-committee/Work Group	NONE
Payson Helping Payson	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Rim Guidance Center	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
Teen Challenge-Home of Hope	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Youth
Time Out Shelter	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Domestic Vio...
All Saints Episcopal Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Arbor Education and Training	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
AZ Department of Juvenile Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Youth

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Mt. Graham Safe House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Southeastern Arizona Community Action Program	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Graham County Sheriff's Office	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Foundation for Senior Adult Living-La Paz County	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Arizona Red Cross	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Caring Presence	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
Hospice of Havasu	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
La Paz County Board of Supervisors	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Parker Pioneer Newspaper	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Regional Center for Border Health	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
River Cities United Way	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
The EXCEL Group	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Valley Assembly Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Western Arizona Council of Governments	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Wenden Food Bank	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Department of Economic Security Family Assistan...	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Interagency Council of Lake Havasu	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Kingman Aid to Abused People	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Mohave County Community and Economic Develpment	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE

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Mohave Mental Health	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
WestCare	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
White Eagle Marketing LLC	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Bread of Life Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Domestic Vio...
Holbrook Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Parenting Arizona	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Winslow Public Housing Department	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
PPEP	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Against Abuse	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Pinal Gila Council for Senior Citizens	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Arizona Children's Association	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Art Awakenings	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
CAHRA	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Casa de los Ninos	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
City of Casa Grande	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Horizon Human Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Abuse
AZ Coalition to End Homelessness	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Pinal County PHA	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Pinal Hispanic Council	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE

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St. Vincent de Paul	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Stanfield Free Clinic/Pinal Hispanic Council	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Sun Life Family Health Center	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
Superstition Mental Health	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
University of Arizona Cooperative Extension	Public Sector	School...	Committee/Sub-committee/Work Group	NONE
United Way of Pinal County	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Chicanos Por La Causa	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
City of Nogales Economic Development	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of Nogales Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Community Homes of Patagonia	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Nogales Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Rebuilding Together	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Santa Cruz Community Foundation	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Santa Cruz Housing Council	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
United Way of Santa Cruz County	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
U.S. Border Patrol	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Wells Fargo Bank	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Catholic Charities-Cottonwood	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Domestic Vio...
Community Member-Yavapai County	Individual	Homeless	Committee/Sub-committee/Work Group	NONE

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Habitat for Humanity	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Northland Cares	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	HIV/AIDS
Open Inn-Turning Point	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Project Aware, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
U.S. Veteran's Initiative	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans
West Yavapai Guidance Clinic	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
City of San Luis	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
City of Yuma	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Community Legal Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Crossroads Mission	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Yuma County	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Housing America Corp	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Cornerstone Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
CHAPS Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Old Town Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Advice and Aid Pregnancy Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
AFWC Women's Club	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
ALZ Caregiver Support	Individual	Other	Committee/Sub-committee/Work Group	NONE
Assemby of God Church-Springervilee	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
AZ. Department of Veterans' Services	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans

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AZ Foundation for the Handicapped	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
AZ Food Bank	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
AZ Workforce Connection	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Behavioral Systems Southwest	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Blake Foundation	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Angela Lozano	Individual	Other	Committee/Sub-committee/Work Group	NONE
Clavary Chapel of Casa Grande	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Child and Family Resources	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Chino Valley Food Bank	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Church on the Street	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
City Gleaner	Individual	Other	Committee/Sub-committee/Work Group	NONE
Community Member-Prescott	Individual	Other	Committee/Sub-committee/Work Group	NONE
City of Prescott Police	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Youth
Concho Unified School District	Public Sector	School...	Committee/Sub-committee/Work Group	Youth
Colorado River Indian Tribe	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Food Not Bombs	Individual	Other	Committee/Sub-committee/Work Group	NONE
Community Member-Graham/Greenlee	Individual	Other	Committee/Sub-committee/Work Group	NONE
Health Choice	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
Hearts for Hungry Homeless	Individual	Other	Committee/Sub-committee/Work Group	NONE
Indian Health Service-Bylas	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Interfaith Coalition for Compassion and Justice	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE

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NazCare	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Nogales Community Development	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Reuniting in Recovery	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Social Security	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Southwest Fair Housing Council	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE

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1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arizona Department of Housing

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) State government agencies

Role(s) of the organization:
(select all that apply) Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

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1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arizona Department of Economic Security

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
State government agencies

Role(s) of the organization:
(select all that apply)
Lead agency for 10-year plan, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Child Care, Employment

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1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: CPSA

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Case Management, Mental health, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

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Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Department of Economic Security-Adult Protective Services

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) State government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

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Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Apache County Attorney's Office

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Law enforcement/corrections

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

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Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Apache County Health Department

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Healthcare

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 20 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Apache County Sheriff's Office

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Law enforcement/corrections

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 21 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Department of Economic Security-Child Protective Services

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) State government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 22 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Concho Can

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010	Page 23	07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of St Johns Arizona

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Eagar Police Department

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Law enforcement/corrections

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Law Enforcement

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 25 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: First Baptist Church of St. Johns

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 26 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St. Johns Stake-LDS

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 27 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Little Colorado Behavioral Health Center

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Mental health

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: New Hope Ranch

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Case Management, Life Skills

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 29 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St. John's Unified School District

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) School systems/Universities

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Education

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 30 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: White Mountain Catholic Charities

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Utilities Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 31 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Bisbee Coalition for the Homeless

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Street Outreach, Case Management

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 32 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Corky's Hamburger and Ice Cream

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Businesses

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 33 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of St. Johns

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010

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07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Apache County

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 35 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: LDS St. John's Stake

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Faith-based organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 36 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Little Colorado Behavioral Health Center

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 37 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Town of Springerville

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Utilities Assistance, Mortgage Assistance, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 38 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: NACOG HeadStart

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Education

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 39 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: New Life Preganancy Center

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 40 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Northland Pioneer College

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Other

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Education

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 41 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Old Concho Community Assistance Center

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Case Management, Life Skills, Alcohol/Drug Abuse, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 42 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Round Valley Senior Center

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 43 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St. John's Police Department

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Law enforcement/corrections

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 44 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Cenpatico

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 45 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Project PPEP

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Catholic Community Services--Cochise County

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Good Neighbor Alliance

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Case Management

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Housing Authority of Cochise County

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Local government agencies

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Southeastern AZ Behavioral Health Services

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Case Management, Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Sierra Vista Public Schools

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) School systems/Universities

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Education

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 51 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Women's Transition Project

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Domestic Violence

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Case Management, Child Care, Life Skills, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Bothands

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Life Skills

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Catholic Charities-Coconino County

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Utilities Assistance, Rental Assistance, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 54 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	City of Flagstaff
Type of Membership: **(public, private, or individual)**	Public Sector
Type of Organization: **(Content depends on "Type of Membership" selection)**	Local government agencies
Role(s) of the organization: **(select all that apply)**	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: **(No more than two subpopulations)**	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: **(select all that apply)**	Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Coconino County

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 56 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Exodus Treatment Program

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Law enforcement/corrections

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 57 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Flagstaff Family Food Center

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 58 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Flagstaff Police Department

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Law enforcement/corrections

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 59 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Flagstaff Shelter Services

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Life Skills

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 60 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Forsfull Communications

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Businesses

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 61 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Goodwill Industries-Coconino

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 62 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: The Guidance Center

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Case Management, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 63 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Flagstaff Unified School District

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) School systems/Universities

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Education

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 64 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hope Cottage

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Domestic Violence

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Case Management, Life Skills

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 65 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Northern Arizona Council of Governments

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 66 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Anonymous Female

Type of Membership:
(public, private, or individual) Individual

Type of Organization:
(Content depends on "Type of Membership" selection) Homeless

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 67 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Cindy

Type of Membership:
(public, private, or individual) Individual

Type of Organization:
(Content depends on "Type of Membership"
selection) Homeless

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the
organization:
(No more than two subpopulations) NONE

Does the organization provide direct services
to homeless people? No

Services provided to homeless persons and
families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 68 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Northern Arizona Behavioral Health Authority

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Case Management, Healthcare, Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 69 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Northland Family Help Center

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Education, Case Management, Child Care, Life Skills, Mortgage Assistance, Transportation

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 70 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Royal Inn

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Businesses

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 71 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: The Salvation Army

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Street Outreach, Utilities Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 72 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Williams Unified School District

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) School systems/Universities

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Education

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 73 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Central Arizona Association of Governments

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 74 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Gila County Community Action Program

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Case Management, Utilities Assistance, Mortgage Assistance, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 75 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Safe Home

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Domestic Violence

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Case Management, Life Skills, Mental health, Transportation

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 76 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Casa Grande Elementary School District

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) School systems/Universities

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Education

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 77 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Bridges,Inc.

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Presbyterian Church

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Gila Community College

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) School systems/Universities

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Education

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 80 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mogollon Health Alliance

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Hospitals/med representatives

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Healthcare

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 81 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Payson Helping Payson

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 82 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Rim Guidance Center

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Case Management, Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 83 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Teen Challenge-Home of Hope

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Youth

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Case Management

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010

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07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Time Out Shelter

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Case Management, Life Skills, Legal Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 85 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: All Saints Episcopal Church

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 86 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arbor Education and Training

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 87 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: AZ Department of Juvenile Corrections

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Law enforcement/corrections

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Education, Case Management, Life Skills, Law Enforcement, Healthcare, Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 88 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mt. Graham Safe House

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 89 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Southeastern Arizona Community Action Program
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: (select all that apply)	Case Management, Mortgage Assistance, Legal Assistance, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 90 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Graham County Sheriff's Office

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Law enforcement/corrections

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Law Enforcement

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 91 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Foundation for Senior Adult Living-La Paz County

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 92 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arizona Red Cross

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 93 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Caring Presence

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Hospitals/med representatives

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Healthcare

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 94 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hospice of Havasu

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 95 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: La Paz County Board of Supervisors

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Local government agencies

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 96 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Parker Pioneer Newspaper

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Businesses

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 97 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Regional Center for Border Health

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Hospitals/med representatives

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 98 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: River Cities United Way

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 99 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: The EXCEL Group

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Case Management, Life Skills, Healthcare, Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 100 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Valley Assembly Church

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 101 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Western Arizona Council of Governments

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 102 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Wenden Food Bank

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 103 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Department of Economic Security Family Assistance Admnistration

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) State government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 104 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Interagency Council of Lake Havasu
Type of Membership: **(public, private, or individual)**	Private Sector
Type of Organization: **(Content depends on "Type of Membership" selection)**	Non-profit organizations
Role(s) of the organization: **(select all that apply)**	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: **(No more than two subpopulations)**	NONE
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: **(select all that apply)**	Case Management, Life Skills, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010	Page 105	07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Kingman Aid to Abused People

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Life Skills

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 106 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mohave County Community and Economic Develpment

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Utilities Assistance, Mortgage Assistance, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 107 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Mohave Mental Health

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Case Management, Life Skills, Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 108 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: WestCare

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Domestic Violence

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Case Management, Life Skills, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 109 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: White Eagle Marketing LLC

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Businesses

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 110 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Bread of Life Mission

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Faith-based organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Domestic Violence

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Case Management, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 111 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Holbrook Police Department

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Law enforcement/corrections

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Law Enforcement

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 112 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Parenting Arizona

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Life Skills

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 113 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Winslow Public Housing Department

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Public housing agencies

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 114 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: PPEP

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 115 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Against Abuse

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Domestic Violence

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Case Management, Life Skills, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 116 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Pinal Gila Council for Senior Citizens

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 117 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Arizona Children's Association

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Case Management, Life Skills

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 118 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Art Awakenings

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 119 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: CAHRA

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Street Outreach, Case Management, Child Care, Life Skills, Utilities Assistance, Mortgage Assistance, Rental Assistance, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 120 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Casa de los Ninos

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 121 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Casa Grande

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Local government agencies

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 122 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Horizon Human Services

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Case Management, Life Skills, Transportation, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 123 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	AZ Coalition to End Homelessness
Type of Membership: **(public, private, or individual)**	Private Sector
Type of Organization: **(Content depends on "Type of Membership" selection)**	Non-profit organizations
Role(s) of the organization: **(select all that apply)**	Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: **(No more than two subpopulations)**	NONE
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: **(select all that apply)**	Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 124 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Pinal County PHA

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Public housing agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 125 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Pinal Hispanic Council

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 126 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St. Vincent de Paul

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 127 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Stanfield Free Clinic/Pinal Hispanic Council

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Street Outreach, Healthcare, Mobile Clinic, Legal Assistance, Transportation, HIV/AIDS

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 128 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Sun Life Family Health Center

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Hospitals/med representatives

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Healthcare

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 129 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Superstition Mental Health

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Case Management, Mental health

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 130 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: University of Arizona Cooperative Extension

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) School systems/Universities

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Life Skills, Healthcare, Legal Assistance, Transportation, HIV/AIDS

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 131 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: United Way of Pinal County

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Chicanos Por La Causa

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 133 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Nogales Economic Development

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 134 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Nogales Police Department

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Law enforcement/corrections

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Street Outreach, Law Enforcement

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 135 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Homes of Patagonia

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Businesses

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 136 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Nogales Police Department

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Law enforcement/corrections

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Street Outreach, Law Enforcement

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Rebuilding Together

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Businesses

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 138 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Santa Cruz Community Foundation

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 139 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Santa Cruz Housing Council

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: United Way of Santa Cruz County

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 141 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: U.S. Border Patrol

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Law enforcement/corrections

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Law Enforcement

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 142 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Wells Fargo Bank

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Businesses

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 143 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Catholic Charities-Cottonwood

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Faith-based organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Domestic Violence

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Case Management, Utilities Assistance, Mortgage Assistance, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 144 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Member-Yavapai County

Type of Membership:
(public, private, or individual)
Individual

Type of Organization:
(Content depends on "Type of Membership" selection)
Homeless

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 145 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Habitat for Humanity

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 146 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Northland Cares

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) HIV/AIDS

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Mortgage Assistance, Healthcare, Legal Assistance, HIV/AIDS, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 147 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Open Inn-Turning Point
Type of Membership: (public, private, or individual)	Private Sector
Type of Organization: (Content depends on "Type of Membership" selection)	Non-profit organizations
Role(s) of the organization: (select all that apply)	Committee/Sub-committee/Work Group
Subpopulation(s) represented by the organization: (No more than two subpopulations)	Youth
Does the organization provide direct services to homeless people?	Yes
Services provided to homeless persons and families: (select all that apply)	Education, Case Management, Life Skills, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 148 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Project Aware, Inc.

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Life Skills

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 149 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: U.S. Veteran's Initiative

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Case Management, Life Skills,
(select all that apply) Healthcare, Alcohol/Drug Abuse, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 150 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: West Yavapai Guidance Clinic

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Case Management, Life Skills, Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of San Luis

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Local government agencies

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Street Outreach, Law Enforcement

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Yuma

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 153 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Legal Services

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Legal Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 154 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Crossroads Mission

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Street Outreach, Case Management, Life Skills, Transportation

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 155 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Yuma County

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Local government agencies

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 156 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Housing America Corp

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Businesses

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 157 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Cornerstone Mission

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Life Skills, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 158 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: CHAPS Ministries

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Case Management

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 159 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Old Town Mission

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Faith-based organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Life Skills, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 160 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Advice and Aid Pregnancy Center

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Healthcare

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 161 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: AFWC Women's Club

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Other

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 162 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: ALZ Caregiver Support

Type of Membership:
(public, private, or individual) Individual

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Healthcare
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 163 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Assemby of God Church-Springervilee

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Soup Kitchen/Food Pantry

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 164 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: AZ. Department of Veterans' Services

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) State government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Veterans

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 165 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: AZ Foundation for the Handicapped

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 166 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: AZ Food Bank

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Soup Kitchen/Food Pantry

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 167 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: AZ Workforce Connection

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 168 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Behavioral Systems Southwest

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Mental health

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 169 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Blake Foundation

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Other

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 170 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Angela Lozano

Type of Membership:
(public, private, or individual) Individual

Type of Organization:
(Content depends on "Type of Membership" selection) Other

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 171 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Clavary Chapel of Casa Grande

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Soup Kitchen/Food Pantry

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 172 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Child and Family Resources

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Case Management, Life Skills

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 173 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Chino Valley Food Bank

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Soup Kitchen/Food Pantry

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 174 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Church on the Street

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Faith-based organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Street Outreach

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 175 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City Gleaner

Type of Membership:
(public, private, or individual) Individual

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 176 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Member-Prescott

Type of Membership:
(public, private, or individual) Individual

Type of Organization:
(Content depends on "Type of Membership" selection) Other

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Exhibit 1 2010 | Page 177 | 07/22/2011

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: City of Prescott Police

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Law enforcement/corrections

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Youth

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Law Enforcement

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 178 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Concho Unified School District

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) School systems/Universities

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Education

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 179 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Colorado River Indian Tribe

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Other

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Healthcare, Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Food Not Bombs

Type of Membership:
(public, private, or individual) Individual

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Soup Kitchen/Food Pantry
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Community Member-Graham/Greenlee

Type of Membership:
(public, private, or individual) Individual

Type of Organization:
(Content depends on "Type of Membership" selection) Other

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Health Choice

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Hospitals/med representatives

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Healthcare

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hearts for Hungry Homeless

Type of Membership:
(public, private, or individual) Individual

Type of Organization:
(Content depends on "Type of Membership" selection) Other

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Soup Kitchen/Food Pantry

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 184 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Indian Health Service-Bylas

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Other

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Healthcare

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Interfaith Coalition for Compassion and Justice

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Faith-based organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 186 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: NazCare

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 187 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Nogales Community Development

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
NONE

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 188 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Reuniting in Recovery

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2010 | Page 189 | 07/22/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Social Security

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name¿Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership¿Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented¿No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Southwest Fair Housing Council

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) NONE

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy

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1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods:
(select all that apply)
f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s):
(select all that apply)
g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), o. Review CoC Membership Involvement, r. Review HMIS participation status, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience, p. Review Match, i. Evaluate Project Readiness

Voting/Decision-Making Method(s):
(select all that apply)
e. Consensus (general agreement)

Were there any written complaints received by the CoC regarding any matter in the last 12 months?
No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

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1F. Continuum of Care (CoC) Housing Inventory Count--Change in Beds Available

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select ¿Not Applicable¿ and indicate that in the text box for that housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

Individual beds increased by 141 and family beds decreased by 51. One reason for this difference is a reclassification of bed use which is how rural shelters have to operate. There was a shelter in Prescott that came on line with reporting for an increase of 13 and the other reason is that the need for individuals beds was great and shelters rose to the occasion even it meant overcrowding.

Safe Haven: Not Applicable

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

There are no Safe Havens in the Continuum

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

The number of beds shows an overall increase of 39 beds, a slight decline of 13 for households without children and an increase of 51 beds for households with children. CAHRA for example, located in Pinal county, has lower rents with the current economic crisis and they are providing assistance to more families. Old Concho in Navajo County had more families in need that they provided for by 9 and Cedar Rose in Flagstaff, the same for an increase of 10 beds along with Westcare in Mohave County for an increase of 19 beds in their transitional DV program.

Permanent Housing: Yes

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Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

Individual PH beds increased from 225 to 269 partially due to increased cost savings from lower rents resulting in renting more units in the SPC programs. One new SHP program came on line with 6 new beds in Prescott (US Vets) and another program in Flagstaff reclassified 6 beds to PSH. The net ended up being 35 perm housing beds or about 9% increase in overall beds.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

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1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Indicate the type of data sources or methods used to complete the housing inventory count: (select all that apply)

HMIS plus housing inventory survey

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply)

Follow-up, Instructions, Updated prior housing inventory information, Confirmation, HMIS

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply):

Unsheltered count, HMIS data, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

A combination of all the data available was reviewed and used to develop the unmet need at the local community level throughout the balance of state and then the data was combined for the statewide Continuum unmet need.

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2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

 For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Select the HMIS implementation coverage area: Single CoC

Select the CoC(s) covered by the HMIS: (select all that apply) AZ-500 - Arizona Balance of State CoC

Is the HMIS Lead Agency the same as the CoC Lead Agency? Yes

Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency? Yes

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: Service Point

What is the name of the HMIS software company? Bowman

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 03/14/2004

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): Other, No or low participation by non-HUD funded providers

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

Not Applicable

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

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Many of the providers are dedicated domestic violence agencies(DV) and are not allowed to participate in HMIS. However, we continue to work to try to get aggregate DV data. We are worried that one or two medium sized programs that are non federally or state funded may decide not to participate in HMIS and that could greatly effect the percentage of beds covered by HMIS. These providers have no requirement or direct benefits to enter into HMIS. Non Profits have been hit hard by this economy and some may have to reduce staff levels and/or services. The non required non service functions will be the first to be reduced.   So far by providing statewide and local data reports by continuum and sharing information we have been able to show a benefit and have been successful maintaining participation. There are a few smaller agencies that will not utilize HMIS as in their words "it does not benefit me".

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2B. Homeless Management Information System (HMIS) Lead Agency

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	Arizona Department of Housing
Street Address 1	1110 West Washington Suite 310
Street Address 2	
City	Phoenix
State	Arizona
Zip Code **Format: xxxxx or xxxxx-xxxx**	85007
Organization Type	State or Local Government
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	No

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2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	Ms.
First Name	Karia
Middle Name/Initial	
Last Name	Basta
Suffix	
Telephone Number: (Format: 123-456-7890)	602-771-1085
Extension	
Fax Number: (Format: 123-456-7890)	602-771-1002
E-mail Address:	karia.basta@azhousing.gov
Confirm E-mail Address:	karia.basta@azhousing.gov

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2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC¿s HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Semi-annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

Not applicable

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2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for the HMIS to present accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoCs goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	4%	4%
* Date of Birth	1%	0%
* Ethnicity	1%	0%
* Race	1%	0%
* Gender	1%	0%
* Veteran Status	5%	4%
* Disabling Condition	8%	8%
* Residence Prior to Program Entry	5%	7%
* Zip Code of Last Permanent Address	7%	14%
* Name	0%	0%

How frequently does the CoC review the quality of client level data?   At least Monthly

How frequently does the CoC review the quality of program level data?   At least Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

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During HMIS training, each user is trained on how to run data quality reports using the reporting tool in the HMIS and to correct their data. Users are encouraged to check their data at least monthly. The HMIS system administrators regularly review data quality for all agencies and work with users to correct data. If needed, users are provided additional training. Data quality reports cards are provided to all users at least quarterly. During the next year we plan to upgrade to a new version of the HMIS software that will have better workflow and data quality controls.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

Policies and procedures have been established that require users to update client records within 72 hours of program entry and exit.

The HMIS software includes automated data edit and validation checks to ensure that only valid dates are entered.

In addition, the monthly data quality reporting and analysis process by the system administrators includes reviewing entry and exit dates for reasonableness and validity.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)
2009 AHAR, 2009 AHAR Supplemental Report on Homeless Veterans

Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)
2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR

Does your CoC plan to contribute data to the Homelessness Pulse project in 2010?
Yes

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2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts:	At least Annually
Point-in-time count of sheltered persons:	At least Annually
Point-in-time count of unsheltered persons:	Never
Measuring the performance of participating housing and service providers:	At least Quarterly
Using data for program management:	At least Quarterly
Integration of HMIS data with data from mainstream resources:	Never

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2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

* Unique user name and password	At least Monthly
* Secure location for equipment	At least Quarterly
* Locking screen savers	At least Quarterly
* Virus protection with auto update	At least Quarterly
* Individual or network firewalls	At least Quarterly
* Restrictions on access to HMIS via public forums	At least Monthly
* Compliance with HMIS Policy and Procedures manual	At least Quarterly
* Validation of off-site storage of HMIS data	At least Annually

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards?	At least Quarterly
How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)?	At least Annually
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	09/30/2010
If 'No' indicate when development of manual will be completed (mm/dd/yyyy):	

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2H. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

* Privacy/Ethics training	At least Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Monthly
* Using Data Locally	At least Monthly
* Using HMIS data for assessing program performance	At least Monthly
* Basic computer skills training	Never
* HMIS software training	At least Monthly

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2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

How frequently does the CoC conduct a point-in-time count? annually (every year)

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/25/2011

Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.

Emergency Shelter: 80-89%
Transitional Housing: 80-89%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

January 2010 only brought a sheltered count. The PIC decreased by 122 from the previous year, mostly in youth and single males. That decrease is contrary to the increase of beds seen for the entire year. We analyzed each ES program and individual beds increased by 141 but decreased in family beds for an overall change of 90. The percentage of reporting was at 89% so it was on this particular day, there were 32 less people seeking shelter as there were beds available. However, in the course of a year numbers were not down.

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2J. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations:Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on ¿guesstimates.¿ CoCs may use one or more methods to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) they use to conduct their point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters).

The state homeless coordination office conducted a survey in January 2010 of all shelter providers in the state. Instruction was provided on how to complete the survey and technical assistance was provided as needed. To maintain accurate data collection, quality control by DES staff is critical to the shelter count process. Staff analyzed the data, compared it to previous results and verified any discrepancies. The survey includes other information about the agency as well as client populations and subpopulations. HMIS numbers are run for comparison to the survey.

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2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation:Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are the chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation is required for sheltered homeless persons and optional for unsheltered homeless persons, with the exception of chronically homeless persons. Sheltered chronically homeless people are those living in emergency shelters only.

In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may employ more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) they use to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons
(select all that apply):

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	X
Interviews:	
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (Limit 1500 characters).

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The state homeless coordination office sends out a survey to all homeless providers in the state. The providers fill out the survey based on the information they have on the clients. The survey includes more then just population and subpopulations. It includes such fields as bed counts, waiting list information, turn away data and other information that is gathered. For non DV agencies we have started pulling HMIS data to verify numbers and solve any discrepancies.

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2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the sheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the sheltered population count:
(select all that apply)

Instructions:	
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	
None:	
Other:	X

If Other, specify:

After completing the shelter survey the DES Homeless Coordination enters all data into a Database. This database shows verified numbers of beds/units and past survey numbers to help with catching errors. The population and sub population data is reviewed by DES and any questions are followed up on. The housing inventory data is then given to Arizona Department of Housing to review and prepare for the application. Copies of the data are then presented at the local continuum level for final verification.

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).

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2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on ¿guesstimates.¿ CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	X
Public places count with interviews:	
Service-based count:	
HMIS:	
Other:	X

If Other, specify:

The Rural Street Count was conducted on January 27, 2009 and will be conducted January 25, 2011. Each local continuum identified a coordinator to plan the count. Since each of these areas are rural counties that cover thousands of square miles coordinators outreach to forest service, sheriff, police, and other government, non-governmental agencies to identify where homeless persons have been seen camping. With that information in hand the coordinators map out areas for the volunteers to count. Trying to cover known homeless campsites in washes, and other desert locations as well as homeless camp sites in the forests as well as any new places identified. The counters go out simultaneously and visually count their area.

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2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

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2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

All CoCs should be engaging in activities to reduce the occurrence of counting unsheltered persons more than once during a point-in-time count. These strategies are knows as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters. On this form, CoCs are asked to describe their de-duplication techniques. Finally, CoCs are asked to describe their outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count:
(select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	
Other:	X

If Other, specify:

The counts are done early morning or late at night when the sheltered homeless population is still in shelter. The enumerators in rural areas cover a large geographical area and have been trained on the use of visual count methods. With the relatively low density and getting to people while they are still in their encampments the enumerators can easily prevent duplication.

Describe the techniques used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):

Teams are used to cover broad areas of known locations and the count is done at a specific time of day. Locations are assigned to specific teams or individuals to avoid duplication. Most of the counts focus on the camps and locations where persons are known to congregate and sleep.

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Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

Local CofCs have implemented a variety of efforts to engage individuals in using services. They include street outreach staff, networking with other agencies to inform people of the services available and outreach activities such as community picnics to share information with individual and families with children who are homeless. Faith based organizations generally provide motel vouchers if no shelter is available in a particular region.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

Many of the local C of C areas now have coordinated outreach efforts. These range from picnics in the parks to path outreach workers. Project Homeless Connects occur on a regular basis in Flagstaff, Sierra Vista, Kingman, and Yuma. These activities focus efforts on ongoing outreach.

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3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

The Balance of State Continuum of Care (BOS CoC) will collaborate with all interested parties seeking additional funding for new permanent housing beds for individuals and families experiencing chronic homelessness. Two projects are being submitted for this year's bonus monies which if funded will increase permanent housing units by 13.   One Permanent Supportive Housing Project for Chronically Homeless is one of the set asides for the 2011 LIHTC program. Arizona Department of Housing gives $2 million a year to the State Department of Health Services, Division of Behavioral Health to continue to expand the permanent housing stock, in particular providing a bridge subsidy program until other subsidy programs (i.e. HCV) can be utilized.

Describe the CoCs long-term (10-year) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

The Continuum continues to address the needs of the community. Future tactics include developing written action plans that will guide and direct each local continuum as they focus resources and discover other services and resources that can be utilized to serve the chronically homeless.

How many permanent housing beds do you currently have in place for chronically homeless persons?   143

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In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 156

In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 195

In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 245

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3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

Increasing the self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Progress Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. In addition, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded permanent housing projects (SHP-PH or S+C) for which an APR was required, should indicate this in both of the narratives below and enter ¿0¿ in the first numeric field below.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters).

Of participants who remained in PH, 90% remained longer than six months. The CofC continues to discuss retention of homeless persons in permanent housing and develop strategies that will work in individual communities to continue to meet/exceed the goal of 77%.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants remaining in CoC funded permanent housing for at least six months to 77 percent or higher (limit 1000 characters).

The CofC will work with our community partners to examine strategies that are working to maintain persons in permanent housing in excess of six months and share that information throughout the continuum. Projects will continue to be monitored and training and technical assistance will be provided to maintain the focus on retention.

What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months?   90

In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?   78

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In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 85

In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 85

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3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase the percentage of participants in CoC funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The ultimate objective of transitional housing is to help homeless families and individuals obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Progress Report (APR). CoCs then use this data from all of its CoC funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants moving from its SHP-TH projects into permanent housing to at least 65 percent. In addition, CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required, should indicate this in both of the narratives below and enter ¿0¿ in the first numeric field below.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

During the past year, the rate of movement to permanent housing was 70% We will continue to meet or exceed the HUD goal of 65% through sharing information at continuum meetings about available units, landlords who work with agencies, and increasing awareness among participants about strategies that help with purchasing a home. Project oversight and training will continue to be provided to ensure the rate is maintained and increased.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

The CofC will continue to discuss the goal at local meetings and strategize with partners about new and proven methods that can be implemented to ensure that participants can move to permanent housing, including Housing First projects. A variety of supportive services will be available to stabilize and sustain participants on their journey to self-sufficiency and this will include linking them to community based resources. Technical assistance and training will be provided as appropriate.

What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 70

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In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 75

In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 75

In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 75

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3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC funded project (excluding HMIS dedicated projects only) is expected to report the percentage of participants employed at exit on its Annual Progress Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC funded program participants that are employed at exit to at least 20 percent.   In addition, CoCs will indicate the current percentage of project participants that are employed at exit, as reported on 4D, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or S+C TRA/SRA/PRA/SRO) which an APR was required, should indicate this in both of the narratives below and enter ¿0¿ in the first numeric field below.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

The CofC will continue to support strategies with project sponsors that focus and emphasize access to employment. Local committees will be encouraged to include membership from employers and employment programs. Committees will also be encouraged to strategize with employment programs, institutions of higher learning and each other to provide the means for needed job training, child care and transportation. In addition the strategy of sending out weekly job listings to all members of the local committee will continue.   Employment is challenging in Arizona with and overall unemployment rate of 10%, but is much higher in counties included in the continuum. The four highest unemployment rates in Arizona are in Yuma (19.5%), Apache (15.5%), Navajo (15.2%) and Greenlee (14.7%.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

The CofC will continue strategies of sharing job listings, recruiting employers and employment programs to participate in local committees. Discussions of establishing business incubators employing rapid rehousing participants using local, state and federal funding will be held. Training and technical assistance will be provided as needed. In Arizona, the economy continues to struggle with an overall unemployment rate close to 10%. We don't anticipate major increases in employment opportunities in Arizona until the economy is in full recovery.

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What is the current percentage of participants in all CoC funded projects that are employed at program exit?   28

In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?   40

In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?   40

In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?   50

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3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

On this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. In addition, CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children that they expect to be able to report in 12-months, 5-years, and 10-years.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to decrease the number of homeless households with children. (limit 1000 characters)

The CoC regularly discusses programs available such as HPRP to increase awareness about resources that are available to help homeless households with children find housing or prevent experiencing homelessness. ADOH seeks to facilitate and strengthen comprehensive support for families to build a safe future. More collaboration with the Departments of Education and Economic Security will increase knowledge and awareness along with providing assistance prior to housing crisis. A bonus project has been submitted that includes units for homeless households with children to provide additional units for this population.

Describe the CoCs long-term (10-year) plan to decrease the number of homeless households with children. (limit 1000 characters)

The CoC will strategize with the Departments of Education and Economic Security on making all our partners aware of resources that could be used for homeless households with children to assist them in moving into housing and will continue to apply for new housing projects when funding becomes available including tax credit opportunities, acquisition and rehab of multi- family units along with USDA self-help programs and tribal initiatives.

What is the current total number of homeless households with children, as reported on the most recent point-in-time count? 177

In 12-months, what will be the total number of homeless households with children? 175

In 5-years, what will be the total number of homeless households with children? 100

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**In 10-years, what will be the total number
of homeless households with children?**   50

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3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly onto the streets, homeless shelters, or into other McKinney-Vento homeless assistance programs (SHP, S+C, or SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

For each system of care identified below, describe the CoC¿s efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, shelters, or other McKinney-Vento homeless assistance housing programs. Please review all instructions to ensure that each narrative is fully responsive. (limit 1500 characters)

Foster Care (Youth Aging Out):

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Protocols among state agencies provide that youth exiting foster care shall not be released to homelessness. Resources are dedicated to support the policy. A representative from the AZ Department of Economic Security is a member of the Interagency on Homelessness to ensure continued discussion and coordination concerning fostered youth transition. The implementation date for this protocol was 1/1/08.

It is the State's policy that "the department shall not transition a young adult to a state of homelessness". A case plan meeting shall be held when a decision to remove a young adult from continued placement is under consideration. The department shall ensure an appropriate discharge plan is developed for all youth served which includes: the plan to meet the identified needs as gathered from the comments, recommendations, and requests of the youth, caregiver and other service team members; and specific plans for obtaining any identified services. The department shall explore suitable resources and ensure the child and caregivers are provided sufficient information to enable them to contact the service provider and initiate services identified in the discharge plan. The continuum of housing must offer a full array of options to meet the unique needs and goals of young adults. HMIS data shows that 0% of persons in emergency shelter, transitional housing or permanent supportive housing list foster care as their prior living situation.

Health Care:

The Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid Program and is represented on the Interagency Council on Homelessness. AHCCCS has statewide polices that ensure that everyone exiting in-patient health care treatment locations will be assisted with housing or community living placement so as to not casue homelessness or a reoccurrence of homelessness. The implementation date for this protocol was updated 9/1/2007.

Mental Health:

There is a formalized protocol adopted 9/24/08 which requires individuals who are to be discharged from inpatient mental health programs to have specific and individualized case management and housing assessment completed prior to discharge. Consumers' life skills abilities are assessed to ensure that they are referred/enrolled in the appropriate type of housing.

The Regional Behavioral Health Authority begins inpatient discharge planning immediately for those behavioral health recipients identified as needing inpatient services or upon admission. Key components include the review of medical necessity

criteria for inpatient admissions, the development of a discharge plan, the requirements for completing hospital discharge plans, the development of an individual service plan, and the review and or modification of the person's treatment plan, within 7 days of discharge from the facility. Housing is critical to assure that appropriate housing placement is completed. The consumer and case manager completes a Housing Needs Assessment and Meaningful Community Activities Worksheet together and submits completed forms to the Housing Administrator at the community mental health clinic. The case manager schedules a meeting with the consumer, hospital staff, housing ACT Team, clinical team and probation/parole officer and other individuals pertinent to the consumers case to discuss housing related needs.

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Corrections:

Before an inmate's release, focus is given to pre-release preparations that enhance successful re-entry into society. Az Dept. of Corrections (ADC) in collaboration with state and local partners provides re-entry classes, pre-release assistance with housing and referrals for community services to all inmates. Additional assistance to qualify pre-release for community health services and treatment is given to specialty populations. ADC is currently working with the Social Security Administration to re-qualify prior to release those inmates who were on SSDI benefits before incarceration.

An inmate submits at least three release placement possibilities, including private residences or halfway houses. To date in Fiscal Year 2011, the Department released 92% of inmates with viable housing placements.

For released inmates, the focus is on stable housing and access to services. Case management, supervision and services are provided by ADC's Community Corrections staff. Since 2006, services have been available to inmates releasing to approved housing in parts of Maricopa and Pima counties through DOJ's Prisoner Re-Entry Initiative Grants.

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3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify shortcomings and unmet needs. One way in which a CoC can improve itself is through long-term strategic planning. CoCs are encouraged to establish specific goals and then implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?

Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

The Consolidated Plan includes the following goals: Encourage a range of services to help people move from homelessness to permanent housing and maintain independent living; Increase the number of transitional and permanent supportive housing units for the homeless; Offer services and funding to help prevent people from becoming homeless.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2009 Action Plan (1500 character limit):

The Arizona Department of Housing (ADOH) has been running a very successful prevention program in rural Arizona. During the last State Fiscal Year ending June 30, 2010, 4,719 people were served through the Emergency Prevention program. ADOH is also the HPRP grantee in the rural continuum and is utilizing many of the same providers that have been so successful with our other prevention programs. As of the end of the state fiscal year 118 households (327 people) were served through HPRP.   We have made it a mandatory requirement that all HPRP subgrantees report at each meeting about all aspects of their HPRP grant. As grantee ADOH will provide technical assistance and monitoring to all HPRP subgrantees to ensure proper use of HPRP funds. We will also make sure funds are being utilized to meet the priorities set by the local continuum. All HPRP subgrantees have been trained to utilize the HMIS system.

Describe how the CoC is participating in or coordinating with any of the following: Neighborhood Stabilization Program (NSP) initiative, HUD VASH, or other HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

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In addition to HPRP ADOH is a recipient for NSP to the State and VASH vouchers in Yavapai County. Each State, City, County, or local non profit agency also discusses the availability of funds available to them and participates in the coordination to best serve the community. In addition to NSP and various Section 8 programs other funding sources regularly discussed include FEMA,SAMHSA, USDA-RD, CDBG, and CDBG-R.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? No

If yes, please describe the established policies that are in currently in place.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

The Balance of State (BOS) CoC leadership and the Dept. of Education Statewide Homeless Coordinator will be working on an MOU to improve coordination and communication between local school liaisons and homeless service providers. The plan includes having school liaisons attend the local CoC meetings, and become members. Trainings for school district liaisons will be provided so they are informed of the CoC structure and operation along with the state¿s ten year plan to end homelessness. In addition, trainings will occur so that both schools and service providers are knowledgeable about eligibility and requirements for the other's services. Protocols will be developed to be used by both service providers and schools for referring children and their families for services as we strive to develop a seamless system of care.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

As written strategic plans are developed the importance of active school participation will be included so that education issues can be part of community needs assessments. It will be mandatory that families and youth are apprised of their eligibility for education services so they are part of any decisions made. If not standard procedure, the CoC will work with shelters and transitional housing programs to ensure that an educational plan for children and youth is part of a family's case plan. At the local CoC meetings ongoing discussions will be held with regard to school stability and how the local Continuum can collaborate to increase cohesiveness and work toward a community-wide strategy to support school stability. The shelter will meet on an ongoing basis with the school district liaison to coordinate case management services so there isn't a duplication of efforts and the CoC will work to ensure accountability for partner follow through.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)

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The 2010 PIT shelter survey showed 45 veterans in emergency shelter and 57 in Transitional Housing within the BOS CoC. A year ago the AZ Department of Veteran Services hired a Homeless Veterans Services Coordinator. He has been traveling the state attending the local continuum meetings and presenting the state's plan which complements the Federal Plan to End Homelessness. ADOH provided $750,000 to the AZ Department of Veteran Services for projects from permanent housing to bridge subsidies. Cochise County, Yavapai County and the City of Flagstaff have been awarded VASH vouchers and are members of the BOS CoC. Flagstaff was chosen as a pilot site for the ARCH (Access Received Closer to Home) program which will improve access to health care services that are closer to eligible veterans¿ residences. US Vets, an active member of the Yavapai County local Continuum serves an average of 58 homeless veterans a day. They operate a residential work re-entry permanent housing rural outreach programs. They provide supportive services to both transitional and permanent housing owned and operated by Project Aware in Prescott.   Cochise and Coconino counties are exploring the use of the Vulnerability Index a tool for identifying and prioritizing the street homeless population for housing according to the fragility of their health.   Both counties have targeted services for homeless veterans. The Continuum will work to expand these initiatives into other counties in the future.

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3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

 The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

 A CoC who¿s FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

 For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)?   Yes

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process?   Yes

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

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3E. Hold Harmless Need (HHN) Reallocation - Grant(s) Eliminated

Eligible CoCs who¿s FPRN is based on HHN or the Hold Harmless Merger process that choose to reallocate funds into new permanent housing or dedicated HMIS project may do so by eliminating one or more of its expiring SHP grants. CoCs that are eliminating projects entirely must identify those projects here. Click on the to enter information on grant(s) that will be eliminated.

Amount Available for New Project: (Sum of All Eliminated Projects)			
Eliminated Project Name	**Grant_Number_Eliminated**	**Component Type**	**Annual Renewal Amount**
This list contains no items			

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3F. Hold Harmless Need (HHN) Reallocation - Grant(s) Reduced

Eligible CoCs who¿s FPRN is based on HHN or the Hold Harmless Merger process that choose to reallocate funds into new permanent housing or dedicated HMIS project may do so by reducing the grant amount for one or more of its expiring SHP grants. CoCs that are eliminating projects entirely must identify those projects here. Click on the to enter information on grant(s) that will be reduced.

Amount Available for New Project (Sum of All Reduced Projects)					
$50,000					
Reduced Project Name	**Reduced Grant Number**	**Project Name**	**Annual Renewal Amount**	**Amount Retained**	**Amount available for new project**
Casa Primeras	AZ000389T000802	---	$130416	$125416	$5000
Horizon Human Ser...	Az0007B9T000802	---	$75103	$65103	$10000
Veterans in Progress	AZ002B9T000802	---	$340957	$330957	$10000
Bridging Northern...	AZ0012B9T000802	---	$128569	$123569	$5000
WYGC-PH	AZ0024B9T000802	---	$106892	$86892	$20000

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3F. Hold Harmless Need (HHN) Reallocation - Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the 2010 HHN Reallocation process. CoCs should refer to the final approved 2010 SHP Grant Inventory Worksheet to ensure all information entered here is accurate.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Reduced Project Name:	Casa Primeras
Grant Number of Reduced Project:	AZ000389T000802
Reduced Project Current Annual Renewal Amount:	$130416
Amount Retained for Project:	$125416
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$5000

3F. Hold Harmless Need (HHN) Reallocation - Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the 2010 HHN Reallocation process. CoCs should refer to the final approved 2010 SHP Grant Inventory Worksheet to ensure all information entered here is accurate.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Reduced Project Name:	Horizon Human Services Permanent Housing
Grant Number of Reduced Project:	Az0007B9T000802
Reduced Project Current Annual Renewal Amount:	$75103
Amount Retained for Project:	$65103
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$10000

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3F. Hold Harmless Need (HHN) Reallocation - Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the 2010 HHN Reallocation process. CoCs should refer to the final approved 2010 SHP Grant Inventory Worksheet to ensure all information entered here is accurate.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Reduced Project Name:	Veterans in Progress
Grant Number of Reduced Project:	AZ002B9T000802
Reduced Project Current Annual Renewal Amount:	$340957
Amount Retained for Project:	$330957
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$10000

3F. Hold Harmless Need (HHN) Reallocation - Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the 2010 HHN Reallocation process. CoCs should refer to the final approved 2010 SHP Grant Inventory Worksheet to ensure all information entered here is accurate.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Reduced Project Name:	Bridging Northern Arizona
Grant Number of Reduced Project:	AZ0012B9T000802
Reduced Project Current Annual Renewal Amount:	$128569
Amount Retained for Project:	$123569
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$5000

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3F. Hold Harmless Need (HHN) Reallocation - Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the 2010 HHN Reallocation process. CoCs should refer to the final approved 2010 SHP Grant Inventory Worksheet to ensure all information entered here is accurate.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Reduced Project Name:	WYGC-PH
Grant Number of Reduced Project:	AZ0024B9T000802
Reduced Project Current Annual Renewal Amount:	$106892
Amount Retained for Project:	$86892
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$20000

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3G.Hold Harmless Need (HHN) Reallocation - Proposed New Project(s)

Eligible CoCs who¿s FPRN is based on HHN or the Hold Harmless Merger process that choose to reallocate funds into new permanent housing or dedicated HMIS project may do so by reducing the grant amount for one or more of its expiring SHP grants. CoCs must identify if the new projects that it plans to create and provide requested information for each. Click on the to enter information for each of the proposed new reallocated projects.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

$50,000				
Current Priority #	**New Proje ct Name**	**Progr am Type**	**Comp onent Type**	**Transferred Amount**
3	B...	SHP	HMIS	$50,000

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3G.Hold Harmless Need (HHN) Reallocation - Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in 2010. CoCs may only reallocate funds to new permanent housing (SHP-PH, S+C, or SRO) projects or dedicated HMIS projects.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

2010 Rank (from Project Listing):	3
Proposed New Project Name:	Balance of State HMIS II
Program Type:	SHP
Component Type:	HMIS
Amount Requested for New Project:	$50,000

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3H. Hold Harmless Need (HHN) Reallocation - Reallocation Balance Summary

Below is a summary of the information entered on forms 3D-3G. The last field, ¿Remaining Reallocation Balance¿ should indicate $0. If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) request. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of ¿Reallocated funds available for new project(s).

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Reallocated funds available for new project(s)	$50,000
Amount requested for new project(s)	$50,000
Remaining Reallocation Balance	$0

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4A. Continuum of Care (CoC) 2009 Achievements

Instructions:

In 2009, CoCs were asked to propose numeric achievements for each of HUD¿s five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

In the column labeled ¿2009 Proposed Numeric Achievement¿, enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled ¿Actual Numeric Achievement¿, enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter ¿No¿ to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	5	Beds	6	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	80	%	90	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	73	%	70	%
Increase percentage of homeless persons employed at exit to at least 20%	62	%	28	%
Decrease the number of homeless households with children.	380	Households	177	Households

Did CoC submit an Exhibit 1 application in 2009?   Yes

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**If the CoC was unable to reach its 2009 proposed numeric achievement
for any of the national objectives, provide a detailed explanation.**

The CoC was above the goal of 65% for persons moving from TH to PH, but
less than the proposed achievement of 73%. This could be accounted for by
the lack of employment opportunities in many of the counties in the BOS area.
The CoC also achieved a rate higher than 20% for employment but less than
the projection of 62%. This is directly related to the economy in Arizona. There
are very few jobs available statewide and it is more significant in the counties in
the BOS. The state rate is approximately 10% but some counties in the BOS
CoC have rates as high as 14%-15%. The goals of permanent housing and
employment will continue to be a priority for the CoC and we will work with our
partners to develop new strategies to address the issues.

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4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year¿s Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2008, 2009, and 2010.

Year	Number of CH Persons	Number of PH beds for the CH
2008	425	186
2009	409	181
2010	395	187

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010.

6

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2009 and January 31, 2010.

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Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	$111,888				
Total	$111,888	$0	$0	$0	$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

Not Applicable

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4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Progress Report (APR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field¿s a-e. The ¿Total PH %¿ will be auto-calculated after selecting ¿Save.¿ Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C projects for which an APR was required should select ¿No¿ to the question below. This only applies to CoCs that do not have any CoC funded permanent housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	95
b. Number of participants who did not leave the project(s)	250
c. Number of participants who exited after staying 6 months or longer	68
d. Number of participants who did not exit after staying 6 months or longer	227
e. Number of participants who did not exit and were enrolled for less than 6 months	23
TOTAL PH (%)	86

Instructions:

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HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing.   To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recently submitted APR for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a & b, select ¿Save.¿ The ¿Total TH %¿ will be auto-calculated. Please note, the percentage is calculated as b. divided by a., multiplied by 100. CoCs that do not have any SHP-TH projects for which an APR was required should select ¿No¿ to the question below. This only applies to CoCs that do not have any CoC funded transitional housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted?   Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	177
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	123
TOTAL TH (%)	69

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4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

 HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

 Complete the table below using cumulative data entered for Question 11 on the most recently submitted APR for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults that exited CoC non-HMIS project with each source of income. Once amounts have been entered, select ¿Save¿ and the percentages will be auto-calculated. CoCs that do not have any non-HMIS projects for which an APR was required should select ¿No¿ to the question below. This only applies to CoCs that do not have any CoC funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

 For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 223

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	39	17	%
SSDI	65	29	%
Social Security	5	2	%
General Public Assistance	9	4	%
TANF	4	2	%
SCHIP	0	0	%
Veterans Benefits	22	10	%
Employment Income	75	34	%
Unemployment Benefits	4	2	%
Veterans Health Care	106	48	%
Medicaid	28	13	%
Food Stamps	51	23	%
Other (Please specify below)	28	13	%
Family Support, Disability Insurance, Voc Rehab			
No Financial Resources	47	21	%

The percentage values will be calculated by the system when you click the "save" button.

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Does the CoC have any non-HMIS projects for which an APR was required to be submitted?   Yes

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4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: http://www.energystar.gov

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

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4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

ADOH as grantee reviews APR's for completeness and accuracy. Each Project Sponser reports APR numbers to the local continuum and reports if there are any problems accessing mainstream services. If problems are found ADOH coordinates with other state agencies to find solutions to any problems.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

The Arizona Rural Continuum of Care includes statewide meetings as well as localized meetings. Sixty five local community continuum meetings took place throughout the geographic area for the BOS CoC. Locations included Flagstaff-Coconino County, Globe-Gila County, Payson-Gila County, Casa Grande-Pinal County, Safford-Greenlee/Graham Counties, Sierra Vista-Cochise County, Nogales-Santa Cruz County, Parker-La Paz County, Yuma-Yuma County, Prescott-Yavapai County, Cottonwood-Yavapai County, Kingman-Mohave County, St. Johns-Apache County, and Holbrook-Navajo County.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

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If "Yes", specify the frequency of the training. annually (every year)

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

ADOH has participated in cross training with the AZ State Department of Veterans' Affairs.

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4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	100%
Case Managers conduct an assessment to identify needed services, assist with submitting applications, attend appointments, and follow up with both the client and the mainstream resource as necessary.	

2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	63%

3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	100%
The Arizona Department of Economic Security has implemented a single application that all providers will be able to use statewide to apply for AHCCCS(AZ's Medicaid Program), TANF, Food Stamps, and General Assistance.	

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Case Managers follow up with clients and with mainstream providers to ensure that all benefits for which clients eligible, are received.	

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Continuum of Care (CoC) Project Listing

Instructions:

 IMPORTANT: Prior to starting on the CoC Project Listing, CoCs should carefully review the CoC Project Listing Instructions and the CoC Project Listing training module, both of which are available at www.hudhre.info/esnaps.

 To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Mohave County Per...	2010-11-16 09:41:...	1 Year	Arizona Departmen ...	30,332	Renewal Project	SHP	PH	F
WYGC-PH	2010-11-16 12:54:...	1 Year	Arizona Departmen ...	91,236	Renewal Project	SHP	PH	F
Victory Place	2010-11-15 15:00:...	1 Year	Arizona Departmen ...	34,604	Renewal Project	SHP	PH	F
Balance of State ...	2010-11-17 15:15:...	1 Year	Arizona Departmen ...	52,500	New Project	SHP	HMIS	F3
Arizona Veterans ...	2010-11-15 14:26:...	1 Year	Arizona Departmen ...	347,504	Renewal Project	SHP	TH	F
Orange Ave. Trans...	2010-11-15 22:34:...	1 Year	the EXCEL group	133,487	Renewal Project	SHP	TH	F
Sharon Manor	2010-11-15 13:27:...	1 Year	Arizona Departmen ...	78,175	Renewal Project	SHP	TH	F
Horizon PH	2010-11-15 16:15:...	1 Year	Arizona Departmen ...	68,358	Renewal Project	SHP	PH	F
Inverrary House	2010-11-17 16:15:...	1 Year	Arizona Departmen ...	108,701	Renewal Project	SHP	PH	F
Good Shepherd Cen...	2010-11-17 15:11:...	2 Years	Arizona Departmen ...	78,422	New Project	SHP	PH	P1
Prescott Homeless...	2010-11-15 23:12:...	1 Year	Arizona Departmen ...	48,937	Renewal Project	SHP	TH	F
Catholic Charitie...	2010-11-15 15:18:...	1 Year	Arizona Departmen ...	34,187	Renewal Project	SHP	PH	F

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Mohave County Per...	2010-11-16 08:43:...	1 Year	Arizona Departmen ...	102,534	Renewal Project	SHP	PH	F
New Start Housing...	2010-11-16 10:52:...	1 Year	Arizona Departmen ...	93,186	Renewal Project	SHP	TH	F
SPC Yuma and La Paz	2010-11-16 09:02:...	1 Year	Arizona Departmen ...	215,484	Renewal Project	S+C	TRA	U
AZ Balance of Sta...	2010-11-16 12:57:...	1 Year	Arizona Departmen ...	157,500	Renewal Project	SHP	HMIS	F
Permanent Housing...	2010-11-16 09:11:...	1 Year	Arizona Departmen ...	195,943	Renewal Project	SHP	PH	F
Casas Primeras	2010-11-12 16:33:...	1 Year	Arizona Departmen ...	131,686	Renewal Project	SHP	PH	F
Flagstaff Cares	2010-11-17 16:31:...	1 Year	Arizona Departmen ...	130,600	Renewal Project	SHP	PH	F
Little Colorado H...	2010-11-16 12:07:...	1 Year	Arizona Departmen ...	76,685	Renewal Project	SHP	PH	F
Mohave County Per...	2010-11-16 12:42:...	1 Year	Arizona Departmen ...	129,747	Renewal Project	SHP	PH	F
SPC Yuma	2010-11-15 23:06:...	1 Year	Arizona Departmen ...	228,276	Renewal Project	S+C	TRA	U
Flagstaff Pines H...	2010-11-17 15:16:...	2 Years	Arizona Departmen ...	187,656	New Project	SHP	PH	P2
Navajo County Tra...	2010-11-16 09:59:...	1 Year	Arizona Departmen ...	99,805	Renewal Project	SHP	TH	F
SPC Rural	2010-11-10 15:54:...	1 Year	Arizona Departmen ...	251,676	Renewal Project	S+C	TRA	U
Hogar PH Rental A...	2010-11-17 16:19:...	1 Year	Arizona Departmen ...	80,660	Renewal Project	SHP	PH	F
Heart Prairie	2010-11-16 12:49:...	1 Year	Arizona Departmen ...	125,647	Renewal Project	SHP	PH	F
Women's Transitio...	2010-11-15 21:18:...	1 Year	Arizona Departmen ...	129,225	Renewal Project	SHP	TH	F
Dreamcatcher TH	2010-11-15 15:44:...	1 Year	Arizona Departmen ...	164,877	Renewal Project	SHP	TH	F

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Budget Summary

FPRN	$2,646,116
Permanent Housing Bonus	$266,078
SPC Renewal	$695,436
Rejected	$0

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